ADVANCING PARTNERS & COMMUNITIES

COUNTRY PROFILE: MALI

MALI COMMUNITY HEALTH PROGRAMS
JANUARY 2014

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COUNTRY PROFILE*

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* Adapted from the Health Care Improvement Project's *Assessment and Improvement Matrix* for community health worker programs, and PATH's Country Assessments of Community-based Distribution programs.

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ACRONYMS

AIDS	acquired immunodeficiency syndrome
ARI	acute respiratory infection
ASACO	Association of Community Health/Association de Santé Communautaire
ASC	agents de santé communautaire
CHW	community health workers
CSCOM	community health centers/centres de santé communautaire
CSREF	referral health centers/centres de santé référence
DMPA (IM)	intramuscular Depo-Provera
EBF	exclusive breastfeeding
FAM	fertility awareness method
FENASCOM	Fédération Nationale des Associations de Santé Communautaire
FERASCOM	Fédération Regionale des Associations de Santé Communautaire
FP	family planning
HIV	human immunodeficiency virus
iCCM	integrated community case management
IRS	indoor residual spraying
IUD	intrauterine devices
LAM	lactational amenorrhea method
MCH	maternal and child health
MOH	Ministry of Health
NGO	nongovernmental organizations
ORS	oral rehydration salts
PMA	paquet minimum d'activités
PMTCT	prevention of mother-to-child transmission (of HIV)
PPH	postpartum hemorrhage
PRODESS	Programme du Développement Sanitaire et Social II
SDM	standard days method
SP	sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria)
VCT	voluntary counselling and testing

I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

1	What is the name of this program*, and who supervises it (Government, nongovernmental organizations (NGOs), combination, etc.)? *Please list all that you are aware of.* **If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.*	There is no defined community health program in Mali. Rather, the community health system is incorporated into the national health policy, Programme du Développement Sanitaire et Social (PRODESS) II. The community health aspect is managed by the Association de Santé Communautaire/Association of Community Health (ASACO) at the District level. The ASACO oversees community health centers and community health workers (CHWs) that provide outreach within the community. Community health centers, centres de santé communautaire (CSCOM) are the first level of the formal health system; various cadres of CHWs provide linkages between the community and the health center. The Ministry of Health (MOH) has ultimate responsibility for community-level services. For the purposes of this assessment, the outreach program will be referred to as the *la stratégie avancée du paquet minimum d'activités* or the **Outreach PMA.**
2	How long has this program been in operation? What is its current status (pilot, scaling up, nationalized, non-operational)?	The MOH has provided primary health services through the community health centers since 1994. The use of CHWs was first implemented in 2002 by the MOH and partners. Currently, efforts are underway to expand the role of CHWs in regards to health services provided.

3	Where does this program operate? Please note whether these areas urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting? *Please note specific districts/regions, if known.*	The program operates nationwide and serves both urban and rural communities. Community services are offered both through community-based health facilities and outreach. Health facility services are provided out of CSCOMs and outreach services are provided by CHWs who conduct home visits and outreach activities in their catchment areas. For the purpose of this document, community service delivery will include outreach services only.
4	If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.	The program is working to expand health services provided through ASACO. Currently, integrated community case management (iCCM) services are implemented nationwide. However, scale-up plans include the expansion of iCCM services provided by CHWs to communities more than 15 km from a health center. Overall, the goal of scale-up for the ASACO program is to increase access to essential services for the entire country.
5	Please list the health services delivered by CHWs[1] under this program. Are these services part of a defined package? Do these services vary by region?	The ASACO program is based on a defined package of services known as paquet minimum d'activités or PMA. These services are offered in the community as a whole, and may be provided by health professionals at CSCOMs as well as CHWs. The package of services offered by CHWs is referred to as la stratégie avancée du PMA or outreach PMA. CHWs provide an essential package of preventative and curative services. Specifically, a PMA provides basic preventative and curative services in maternal and child health. These include: • Treatment of uncomplicated malaria and acute respiratory infection (ARI) • Referral and accompaniment of severe cases of malaria and ARI • Treatment of diarrhea • Diagnosis and management of malnutrition • Provision of family planning services including encouraging newly delivered mothers to exclusively breastfeed and practice lactational amenorrhea method (LAM). Some CHWs may also provide educational talks in villages about the importance of prenatal care and safe delivery.

[1] The term "CHW" is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

6	Are family planning (FP) services included in the defined package, if one exists?	Yes
7	Please list the FP services and methods delivered by CHWs.	CHWs distribute condoms, spermicide, and re-supply oral pills, counsel on exclusive breastfeeding (EBF)/LAM, engage grandmothers, aunts, husbands, and other family members to support EBF/LAM, postpartum family planning and healthy spacing of pregnancies, and counseling on injectable contraceptives and long acting permanent methods, including intrauterine devices (IUDs) and implants.
8	What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination)?	CHWs provide door-to-door services to individuals and conduct sensitization and outreach activities during community events.

III. COMMUNITY HEALTH WORKERS

9	Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.	The ASACO program has two cadres of outreach workers at the community level: **Agents de santé communautaire (ASCs)** are a new cadre of salaried CHWs made up of aides soignantes and matrones which are the historical cadres of skilled CHWs. They have the basic qualifications of a midwife or nurse assistant, including specialized training in maternal and reproductive health or primary health care. **Relais** are volunteer community health workers. They have less training and less responsibility than the ASCs.	
10	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?	Yes, each cadre maintains distinct tasks. Tasks may also vary by or within cadres, depending on their location.	
11	Total number of CHWs in program? *Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.*	**ASCs** There are currently about 2,000 ASCs.	**Relais** It is estimated that there are about 20,000 Relais.
12	Criteria for CHWs (e.g. age, gender, education level, etc.)? Please break this down by cadre, if known.	**ASCs** ASCs must live in the community they serve. Additionally, they must have completed the compulsory training program.	**Relais** Relais must live in the communities they serve. Additional criteria are unavailable.
13	How are the CHWs trained? Please note the length, frequency, and requirements of training. Please break this down by cadre, if known.	**ASCs** ASCs receive training through formalized education. ASCs must complete between three and six months of training in either maternal and reproductive health or primary health care at an accredited training facility. ASCs receive some follow-up training provided by local and international NGOs and the MOH.	**Relais** Relais receive some training from the MOH and local or international NGOs. The type of training varies by implementer.
14	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	**ASCs** ASCs receive comprehensive training through formalized education.	**Relais** Information unavailable

<table>
<tr><td>15</td><td>Please note the health services provided by the various cadre(s) of CHW, as applicable (i.e. who can provide what service).</td><td colspan="2">ASCs
ASCs provide home-based management of fever, child health and nutrition, household hygiene, family planning, antenatal care including post-abortion services, and birthing services.
In some regions ASCs provide iCCM and essential community care.
While ASCs provide similar interventions as Relais, ASCs are trained to deliver more skilled and thorough services.</td><td>Relais
Relais promote handwashing with soap, household hygiene, diarrhea treatment with oral rehydration salts (ORS), and promotion of antenatal care including post-abortion services, birthing, and family planning services.</td></tr>
<tr><td rowspan="5">16</td><td rowspan="5">Please list which FP services are provided by which cadre(s), as applicable.</td><td></td><td>ASCs</td><td>Relais</td></tr>
<tr><td>Information/ education</td><td>CycleBeads®, condoms, oral pills and injectable contraceptives, IUDs, and implants</td><td>CycleBeads, condoms, oral pills and injectable contraceptives, IUDs, and implants</td></tr>
<tr><td>Method counseling</td><td>CycleBeads, condoms, oral pills, and injectable contraceptives</td><td>CycleBeads, condoms, and oral pills</td></tr>
<tr><td>Method provision</td><td>CycleBeads, condoms, oral pills, and injectable contraceptives (in certain pilot sites)</td><td>CycleBeads, condoms, and resupply of oral pills</td></tr>
<tr><td>Referrals</td><td>Injectable contraceptives, IUDs, implants, and permanent methods</td><td>Injectable contraceptives, IUDs, implants, and permanent methods</td></tr>
<tr><td>17</td><td>Do CHWs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products?</td><td colspan="2">ASCs
ASCs distribute CycleBeads, condoms, spermicide, oral pills, injectable contraceptives (in some areas), chlorine tablets for diarrhea treatment, zinc supplements, vitamin A supplements, and long-lasting insecticide treated nets.
Due to NGO involvement in some CSCOMs, the products distributed can vary across different locations.</td><td>Relais
Relais distribute CycleBeads, condoms, spermicide, oral pills, chlorine tablets for diarrhea treatment, zinc supplements, vitamin A supplements, and long-lasting insecticide treated nets.
Due to NGO involvement in some CSCOMs, products distributed can vary across different locations.</td></tr>
<tr><td>18</td><td>Are CHWs paid, are incentives provided, or are they volunteers?
Please differentiate by cadre, as applicable.</td><td colspan="2">ASCs
ASCs are salaried government employees.</td><td>Relais
Relais are volunteers.</td></tr>
</table>

19	Who is responsible for these incentives (MOH, NGO, municipality, combination)?	**ASCs** ASCs are paid by the Government of Mali.	**Relais** Not applicable
20	Do CHWs work in urban and/or rural areas?	**ASCs** Both urban and rural communities	**Relais** Both urban and rural communities
21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	**ASCs** ASCs are residents of the communities they serve.	**Relais** Relais are residents of the communities they serve.
22	Describe the geographic coverage/catchment area for each CHW.	**ASCs** Each ASC serves communities located over five kilometers from the CSCOM clinic they are employed by.	**Relais** Three Relais serve one village.
23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	**ASCs** Information unavailable	**Relais** Information unavailable
24	Describe the CHW role in data collection and monitoring.	**ASCs** ASCs use data collection tools such as registers for summarizing stock management and stock cards for medicines. Job aids have also been developed by the MOH for ASCs to record service delivery data.	**Relais** Relais use data collection tools such as registers for summarizing stock management and stock cards for medicines. Job aids have also been developed by the MOH for Relais.

IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	Yes, the levels are: • National • Tertiary • Secondary (District) • Community
26	Is the MOH responsible for the program, overall?	Yes, the MOH is responsible for the program.
27	What level of responsibility do regional, state, or local governments have for the program, if any? *Please note responsibility by level of municipality.*	At the national level the MOH guides program implementation and scale-up planning. The program is also supported by the *Fédération Nationale des Associations de Santé Communautaire* (FENASCOM), which coordinates all community-level ASACOs. At the tertiary level, ASACOs are supported by the *Fédération Regionale des Associations de Santé Communautaire* (FERASCOM). The ASACO itself functions at the secondary/district level. At this level, all CSCOMs and *centres de santé référence* or referral health centers (CSREFs) report to the district ASACO. Lastly, CSCOMs are located at the community level and provide the lowest level of facility-based care. Supervision of Relais and ASCs occurs at CSCOMs.
28	What level of responsibility do international and local NGOs have for the program, if any?	NGOs provide various levels of support to ASCs and Relais. Support includes trainings and some commodity distribution in the community.
29	Are CHWs linked to the health system? Please describe the mechanism.	Yes, ASCs and Relais make up the community-based level of service delivery within the government health system. They extend the PMA to communities that do not have access to a CSCOM facility.
30	Who supervises CHWs? What is the supervision process? Does the government share supervision with an NGO/NGOs? If so, please describe how they share supervision responsibilities.	ASCs and Relais are supervised by the head of the local CSCOM; supervision includes technical training updates.

31	Where do CHWs refer clients for the next tier of services? Do lower-level cadres refer to the next cadre up (of CHW) at all?	ASCs and Relais refer to the local CSCOM health center for health services.		
32	Where do CHWs refer clients specifically for FP services? *Please note by method.*		**ASCs**	**Relais**
		Standard days method (SDM)/fertility awareness methods (FAM)	Not applicable	Not applicable
		Condoms	Not applicable	Not applicable
		Oral pills	Not applicable	Not applicable
		Intramuscular Depo-Provera (DMPA (IM))	CSCOM	CSCOM
		Implants	CSCOM	CSCOM
		IUDs	CSCOM	CSCOM
		Permanent methods	CSREF	CSREF
		Emergency contraception	Unknown	Unknown
33	Are CHWs linked to other community outreach programs?	Information unavailable		
34	What mechanisms exist for knowledge sharing among CHWs/supervisors?	ASCs and Relais attend monthly meetings at the CSCOM with which they are associated.		
35	What links exist to other institutions (schools, churches, associations, etc.)?	Information unavailable		

36	Do vertical programs have separate CHWs or "share/integrated"?	The program provides integrated services across all three cadres.
37	Do they have data collection/reporting systems?	ASCs and Relais use stockkeeping and service-delivery registers, which are collected at the CSCOM.
38	Describe any financing schemes that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees).	Currently the program is financed through client fees and donor funds. The MOH is working with donors to develop a cost recovery and performance contracting scheme to finance the ASC cadre.
39	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	ASCs and Relais obtain commodities they distribute to the community from the CSCOM.
40	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	Information unavailable

V. POLICIES

41	Is there a stand-alone community health policy? If not, is one underway or under discussion? *Please provide a link if available online.*	No, however the Ministerial decree N°94 / MSSPA-MATS-MP of August 21st, 1994 established the CSCOM, which were simultaneously connected to an ASACO.
42	Is the community health policy integrated within overall health policy?	Yes, the current community health program is included in the national health policy, *PRODESS II Prolonge 2009-2011 Compasante Santé*.
43	When was the last time the community health policy was updated? (months/years?)	An updated community health strategy was in draft form before the political coup in 2012. The current status of this update is unavailable.
44	What is the proposed geographic scope of the program, according to the policy? (Nationwide? Select regions?)	The community health policy is to be implemented nationwide.
45	Does the policy specify which services can be provided by CHWs, and which cannot?	Yes, the services are broken out by cadre of worker.
46	Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?	The *2004 Policy, Norms and Procedures* provides guidelines on what FP services can be provided at the community level. This policy indicates that Relais can provide condoms and oral pills at the community level and Matrones and Aides Soignantes can administer injectable contraception. As ASCs are a new cadre made-up of trained Matrons and Aides Soignantes that have retired, this policy thereby permits/supports them to administer injectables.

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VII. AT-A-GLANCE GUIDE TO MALI COMMUNITY HEALTH SERVICE PROVISION

Intervention		Agents de Santé Communautaire				Relais			
Family Planning	*Services/Products*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*
	SDM/FAM	X	X	X		X	X	X	
	Condoms	X	X	X		X	X	X	
	Oral pills	X	X	X		X	X	X	
	DMPA (IM)	X	X	Pilot sites only	X	X	X		X
	Implants	X			X	X			X
	IUDs	X			X	X			X
	Permanent method								
	Emergency contraception								
HIV/AIDS	Voluntary counselling and testing (VCT)	X	X		X	X	X		X
	Prevention of mother-to-child transmission (PMTCT)	X	X		X	X	X		X

Maternal and child health (MCH)	Misoprostol (for prevention of postpartum hemorrhage - PPH)								
	Zinc	X	X	X		X	X	X	
	ORS	X	X	X		X	X	X	
	Immunizations	X	X	X		X	X	X	
Malaria	Bed nets	X	X	X		X	X	X	
	Indoor residual spraying (IRS)								
	Sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria) (SP)								

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